

SERFF Tracking Number:	ICWG-125521997	State:	Arkansas
Filing Company:	Insurance Company of the West	State Tracking Number:	EFT \$25
Company Tracking Number:	AR08-W030		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation and Employers Liability		
Project Name/Number:	TRIPRA 2007/		

Filing at a Glance

Company: Insurance Company of the West

Product Name: Workers Compensation and Employers Liability SERFF Tr Num: ICWG-125521997 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: AR08-W030

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Tammy Steinell, Kim Granfors

Disposition Date: 03/07/2008

Date Submitted: 03/04/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: TRIPRA 2007

Status of Filing in Domicile: Not Filed

Project Number:

Domicile Status Comments:

Reference Organization: NCCI, Inc.

Reference Number: Item B-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: of 2007

Filing Status Changed: 03/07/2008

State Status Changed: 03/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this submission is to advise you of Insurance Company of the West's intent to adopt NCCI's Item Filing B-1405 -- Terrorism Risk Insurance Act of 2007 for our Workers Compensation line of business in the state of Arkansas.

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Project Name/Number:	TRIPRA 2007/		

Company and Contact

Filing Contact Information

Tammy Steinell, Sr. Filing Analyst	tsteinell@icwgroup.com
11455 El Camino Real	(858) 350-2583 [Phone]
San Diego, CA 92130	(858) 350-2616[FAX]

Filing Company Information

Insurance Company of the West	CoCode: 27847	State of Domicile: California
11455 El Camino Real	Group Code: 922	Company Type: Property/Casualty
San Diego, CA 92130	Group Name: ICW Group	State ID Number:
(858) 350-2583 ext. [Phone]	FEIN Number: 95-2769232	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Filing to adopt an advisory organization's item filing is \$25.00.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Insurance Company of the West	\$25.00	03/04/2008	18326181

<i>SERFF Tracking Number:</i>	<i>ICWG-125521997</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>TRIPRA 2007/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/07/2008	03/07/2008

<i>SERFF Tracking Number:</i>	<i>ICWG-125521997</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>TRIPRA 2007/</i>		

Disposition

Disposition Date: 03/07/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ICWG-125521997 State: Arkansas

Filing Company: Insurance Company of the West State Tracking Number: EFT \$25

Company Tracking Number: AR08-W030

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation and Employers Liability

Project Name/Number: TRIPRA 2007/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>ICWG-125521997</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Workers Compensation and Employers Liability</i>		
<i>Project Name/Number:</i>	<i>TRIPRA 2007/</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 03/07/2008

Comments:

Attachment:

AR08-W030_PCtransDoc_.pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 03/07/2008

Bypass Reason: Not applicable.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 03/07/2008

Bypass Reason: Not applicable.

Comments:

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	<table border="1"><tr><td>Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]</td></tr></table>	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.		

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	